

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL -2 PM 12:44

DOCUMENT # P01000024244

1. Corporation Name

Cabinet Refacers, Inc.

REINSTATEMENT

03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
8725 Treasure Island Rd.

3. Mailing Office Address
-same-

Suite, Apt. #, etc.

City & State
Leesburg, FL

Zip Country
34788 Lake

4. Date Incorporated or Qualified To Do Business in Florida
02/01/01

5. FEI Number
59-3704247

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Paul D. Remington, II

Street Address (P.O. Box Number is Not Acceptable)
8725 Treasure Island Rd.

Suite, Apt. #, Etc.

City State Zip Code
Leesburg FL 34788

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date *4/28/07*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Judy A. Remington	8725 Treasure Island Rd.	Leesburg, FL 34788
P/D	Paul D. Remington, II	8725 Treasure Island Rd.	Leesburg, FL 34788
S/T/D	Paul D. Remington, III	33940 Grant Ave.	Leesburg, FL 34788

300105162738
07/02/07--01058--007 **1358.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/28/07* (352)259-6399
Date Daytime Phone #